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Date

December 6, 2002

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Commissioner for Patents
Washington, D.C. 20231

Attorney Docket

RIGL-004CON3

First Named Inventor

NOLAN, GARRY P.

Application Number

09/918,601

Filing Date

July, 30, 2001

Group Art Unit

1627

Examiner Name

WESSENDORF, TERESA D.

Title: "METHODS FOR SCREENING FOR TRANSDOMINANT
INTRACELLULAR EFFECTOR PEPTIDES AND RNA
MOLECULES"

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TECH CENTER 1600/2900

I hereby **revoke** all **previous** powers of attorney or authorizations of agent given in the above-identified application **and hereby appoint** Practitioners at:



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whose address is: Bozicevic, Field & Francis LLP, 200 Middlefield Road, Suite 200, Menlo Park, CA 94025 as its attorney(s) or agent(s) to prosecute the application identified above, to prepare and file amendments, to inspect and make copies thereof and of any papers in any appellate or *inter partes* proceedings in which the Application may be or become involved, and generally to conduct all business in the United States Patent and Trademark Office relating to the prosecution of the application or any application that claims priority from this application and

James J. Diehl (Reg. No. 47,527)



Please change the correspondence address for the above-identified application to the above-mentioned customer number.

STATEMENT UNDER 37 CFR § 3.73(b)

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on August 6, 2001 at Reel 012047, Frames 0865.

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

I am the:

____ Applicant; or
 X Assignee of record of the entire interest
____ Attorney of record

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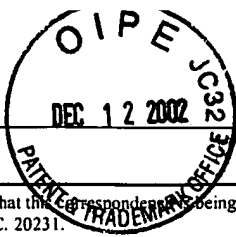
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I am the:

____ Applicant; or
X Assignee of record of the entire interest
____ Attorney of record

SIGNATURE of Applicant, Assignee or Attorney of Record

Name

**DIRECTOR
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KATHARINE KU**

Signature

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